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Tamil Selvi
Department of Community Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, Tamilnadu, India

Kaviya JN
Department of Community Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, Tamilnadu, India

Banu B
Department of Community Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, Tamilnadu, India

Devadharshini
Department of Community Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, Tamilnadu, India

Corresponding Author:
Tamil Selvi
Department of Community Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, Tamilnadu, India

A study to assess the quality of life among the women with osteoarthritis residing urban health centre Saidapet

Tamil Selvi, Kaviya JN, Banu B and Devadharshini

Abstract
Osteoarthritis (OA) is the most habitual type of arthritis in both developing countries. It is a long term, dynamic Musculoskeletal disorder characterized by abrupt loss of cartilage in joints which results in bones rubbing together and make stiffness, impaired movement and pain. osteoarthritis primarily effects the elderly population it is a significant cause of disability in elderly people worldwide. so the present study is done to assess the quality of life among the women with osteoarthritis residing at urban primary health centre (UPHC) Saidapet. A descriptive research design was done in urban area of Saidapet. 50 women with osteoarthritis included in our study. purposive sampling technique method was used in selecting the samples. Modified Knee Injury and osteoarthritis outcome score (KNOOS) checklist were used to collect data on quality of life among the women with osteoarthritis the women aged above 40 years has the percentage of inadequate pain (25%) moderately adequate (10%) and adequate (15%) in conclusion, women aged above 40 years were found to be experiencing moderately adequate osteoarthritis pain and quality of life of women aged above 40 years experiencing a reasonable quality of life.

Keywords: Osteoarthritis, quality of life among above 40 age women

Introduction
"Good Health and Good Sense Are Two of Lifes Greatest Blessings"
Osteoarthritis (OA) is the most common form of articular disease [1]. Osteoarthritis (OA) is the most habitual type of arthritis in both developing and developed countries. It is a long term, dynamic musculo-skeletal disoreder characterized by abrupt loss of cartilage in joints which results in bones rubbing together and stiffness, impaired movement and pain. The disease most usually affects the joints in the hands, hips, knees, spine and feet. The disease is associated with non-modifiable and modifiable risk such as lack of exercise, genetic factors such as a lack of exercise, genetic predisposition, obesity, bone density, trauma, occupational injury, and gender [1].

And affects mainly hips, knees, hands, and feet. In USA, it is estimated that 36.4% of the individuals aged 60 and over present OA in the knees [2].

Chronic diseases of the musculoskeltal system among the most prevalent health hazards in the world's population. It is estimated that 2025 the prevalence of knee osteoarthritis will increase by 40% due to the aging of the world population [3].

Of these, knee osteoarthritis is a major public health issue related to age, characterized by progressive loss of articular cartilage resulting in pain, functional impairment, disability, and diminished patients quality of life [4].

Osteoarthritis can be classified into two groups primary and secondary. Primary osteoarthritis is a chronic degenerative disease and is related and is related to aging. The water content of the cartilages decreases on increasing age, thus making them more susceptible to degradation. While secondary arthritis usually affects the joints earlier in life due to specific causes such as injury during a job requiring frequent kneeling or squatting for long duration, diabetes and obesity [5].

The prevalence of Osteoarthritis is increasing due to population ageing & an increasing in related factors such as obesity, sedentary life style. The physical disability arising from pain loss of functional capacity reduces quality of life & increase the risk of further morbidity. As, highly effective medicinal management is not available emphasis should be given to prevent aspect of life stylemeasures in the form of healthy diet & exercise [6].

It is a joint disease that begins with cartilage degeneration and gradually affects peri articular soft tissues and the sub-chondral bone, producing chronic inflammation with synovitis osteophytosis, loss of joint space, bone remodeling and ultimately, it progresses to severe and irreversible joint destruction [7].

Osteoarthritis of the knee is very common in the women and 25.7% of women are in the age group 40 to 80 years. Apart from being a major contributor of pain, it is also associated with decreasing physical activity, and may lead to limitation of one's independence and affect health related quality of life [7].

The purpose of the study
1) To assess the demographic variables among women with osteoarthritis
2) To assess the quality of life among with osteoarthritis
3) To associate the knowledge with selected demographic variables among women with osteoarthritis

Methods and Materials:
A descriptive study with purposive sampling technique was used to conduct the study in urban primary health centre of saidapet. 50 sample were selected are a purposive sampling technique. The criteria for sample selection are women aged above 40 years, those women whose are available at the time of data collection, individuals women whose can read Tamil and English, women whose are willing to participate in the study. The exclusion criteria for the samples are who are not co-operative, who are not available during the study. The data collection period was done with prior permission from head officer of urban primary health centre at saidapet and ethical clearance was obtained from the institution. The purpose of the study was explained to the samples and written informed consent was obtained from them. A demographic data collected consists of age, type of work, education, dietary pattern, religion, any other health information. The study investigators explained to the women's about the study's objectives and requirement of consent to participate in the study. The investigators then provided instructions for filling the questionnaires, and then guided the women. Understanding of each questions was checked by asking women to repeat the meaning. During the filing of questionnaires, the investigators helped the women throughout and helped to simplify the purpose of each questions, clarifying doubts and checking for completeness of filling up the questionnaires. Chi-square test was used to test the association between categorical variables. $p< 0.05$ was taken as statistically significant.

Result and Discussion
Section A: Sample characteristics
Among 50 samples 25(50%) were in the age group of 40-50 years and 25(50%) were the age group of 56-60 years and regarding type of work 10(20%) were moderate workers 30(60%) were sedentary workers and 10(20%) were heavy workers. Regarding education status 10(20%) were completed primary education, 10(20%) were completed secondary education 10(20%) completed higher secondary 15(30%) were completed diploma and 5(10%) were completed degree. Regarding the dietary pattern 15(30%) were have vegetarian type of food 15(30%) were non – vegetarian and 20(40%) were having mixed type of food. Regarding religion 25(50%) are Hindu and 10(20%) are

Christians and 15(30%) are Muslims and none of them were others.

Section B: Frequency and distribution of the demographic variable quality of life among the women with osteoarthritis
Shows that women aged above 40 years has the percentage of inadequate (50%), moderately adequate 10(20%), and severe 15(30%)

Table 1: Frequency and distribution of the demographic variable quality of life among the women with osteoarthritis.

Demographic Variable	Freqeuncy	Percentage
Age		
40-50 years	25	50%
50-60 years	25	50%
Type of work		
Moderate workers	10	20%
Sedentary workers	30	60%
Heavy workers	10	20%
Education		
Primary education	10	20%
Secondary education	10	20%
Higher education	10	20%
Diploma	15	30%
Degree	5	10%
Dietary pattern		
Vegetarian	15	30%
Non-vegetarian	15	30%
Mixed	20	40%
Religion		
Hindu	25	50%
Christian	10	20%
Muslim	15	30%
Others	-	-

Section-2: Frequency and distribution of the demographic variable quality of life among the women with osteoarthritis.

Table 2: Shows that women aged above 40 years has the percentage of inadequate (50%), moderately adequate 10(20%), and severe 15(30%)

Level of knowledge	Frequency (N)	Percentage (%)
Inadequate	25	50%
Moderately adequate	10	20%
Adequate	15	30%

Section-3: Graphical presentation of the mean and standard deviation of knowledge regarding prevention of osteoarthritis among elderly women.

	Mean deviation	Standard deviation
Inadequate	2.62	28.14
Moderately adequate	19.64	18.65
Adequate	23.24	10.00

There was an association between a demographic variables with knee joint osteoarthritis among the women aged above 40 years. There was statistically significant found in other health problems on clients to assess the quality of life among the women with osteoarthritis. Quality of being among the women with osteoarthritis aged above 40 years has the percentage of inadequate (50%), moderately adequate(20%), and severe(30%). Table -2.
Table 3 shows the mean and standard deviation of

knowledge regarding prevention of osteoarthritis among elderly women. Above 40 years for mean deviation are Inadequate (2.62) Moderately adequate (19.64) and adequate (23.24) and above 40 years for standard deviation are Inadequate (28.14) Moderately adequate (18.65) and adequate (10.00).

The present study assesses the relationship between the quality of life among women with osteoarthritis aged above 40 years. The result indicates that approximately women aged above 40 years have a percentage of mild (50%), moderate (20%), and severe (30%)**.** Which is similar to findings reported by study conducted by [6, 7] from Delhi which showed that out of 123 women with osteoarthritis only 53(43%) were currently on treatment, out of which 40 (78.4%) are receiving treatment from government facility whereas remaining participants were seeking treatment from private practitioners, chemist and traditional healers. More than half of women (57%) who were suffering from osteoarthritis did not seek any treatment [8]

The prevalence of OA is accessible for the USA and European populations, but there are scare studies done in other regions. In 1990, it was the 10*th* leading cause of nonfatal diseases contributed 2.8% years of disability. The estimated prevalence of symptomatic OA is 18% in females and 9.6% in men. In the global burden of diseases, in 2000, it was the 4*th* leading cause of years lived with disability (YLD) leads to 3% YLD [9].

Conclusions
The study urban had a higher prevalence (21.5%) of knee osteoarthritis as compared to rural women (17.5%); the difference was not significant. Our findings support the previous studies done in UT. A significant difference between the prevalence of KOA in rural (32.6%) and urban (60.3%) areas. The low prevalence among rural area could be due to more physical work, higher tolerance, less obesity, diet and lifestyle. Knee OA was significantly more common in the country compared to urban and suburban populations in Athens, Greece [10].

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Authors Contribution
All the authors actively participated in the work of the study. All authors read and approved the final, manuscript.

Conflicts of Interest
The authors declare no conflicts of interest.

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